



## BOWLING ENROLLMENT FORM

(PLEASE PRINT LEGIBLY)

Please complete the following information to enroll your child into the Bowling Program. After completion, please fax to **(816) 836-8531** or mail to **KEEN, PO Box 45381, Kansas City, MO 64171**. KEEN is accepting 10 Athletes into the Bowling Program at this time. The enrollment forms will be tracked and accepted by date received. Additional Athletes will be placed on a waiting list.

**Please complete and return your form today!**

### ATHLETE'S NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Diagnosis: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

In the event of an emergency, please contact:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

### ATHLETE BOWLING INFORMATION

Has your child ever bowled before?  Yes  No

Does your child need to use bumpers while bowling?  Yes  No

Additional Information:

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